SUBMIT: <u>COMPLETED</u> APPLICATION, TAX

1

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION Data Stamp (Received)

OR PERMIT

Bayfield Co. Zoning Dept. 19 2013

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INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Secretarial Staff	3 3 3	Tec I U Sylaine	Doo'd for lossoon	☐ Municipal Use			№ Commercial Use	•			Residential Use		Proposed ose	D Cool	Existing Structure: (if permit being applied for is relevant to it) Proposed Construction:			Ru			□ Ad		e ion	☐ Non-Shoreland	Shoreland - 151	Cree	Section 33_,1	SE 1/4, NE	PROJECT Legal	Authorized Agent: (Person Signing Application on behalf of Owner(s))		dress of Property:	OWNER'S NAME: KARENSE DAULD St GERI	TYPE OF PERMIT REQUESTED. LAND USE
8		 -													ermit being.		. colocies	Run a Business on	Relocate (existing bldg)	Conversion	Addition/Alteration	New Construction	Project (What are you applying for)		্ৰ Is Property/Land within 1000 feet of Lake, Pond or Flowage ৰ্ধি yescontinue	(Is Property/Land within 300 feet of River, Stream (and tatermittent) Creek or Landward side of Floodplain? If yes—continue—	, Township Eile 19, Range	1/4	Legal Description:	ning Application	Š		ENSE GERMAN GERMASI	B
Other: (exp	Special Use: (explain) Conditional Use: (exp		Accessory	Accessory Building	Mobile Home (manumon)	Bunkhouse					- Prince and the second	Residence	rincipal St		applied for I			1/	-	┼├-	ž	rtion			nd within 1	nd within 3 ard side of F	1/20m, 1	Gov't Lot	(Use	n on behalf of			GERMAIN MAST	□ LAND USE
Other: (explain) Com Mercial	Special Use: (explain)		Accessory Building Addition/Alteration	:	1.77	Bunkhouse w/ (□ sanitary, or □ sleeping quarters,	with Atta	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)		s relevant to			☐ No Basement			1-Story + Loft	1-Story	# of Stories and/or basement		000 feet of I	00 feet of Ri loodplain?	lange 5	t Lot(s)	Tax Statement)	Owner(s))				
Merc	lain)	L. Properties	ddition/Al	(specify)	(specify)	itary, or	with Attached Garage	Deck	웃	Porch		hunting sh	irst structu	ם				ament tion	nt			•	ries ement		Lake, Pond If yes	iver, Strean If yes	W	CSM	PIN: (23 digits)	Agent Phone:	Contract	A A A	Mailing Address:	SANITARY
II			teration (CO IM	(8)	sleeping qu	lge	- Contract of the Contract of				ack, etc.)	ire on prop	Proposed Structure	Length:	-						¥ Seasonal	Use		Pond or Flowage If yescontinue	1 (ind. Intermit	Town of:			lone:	Contractor Phone:	A Property of the Property of	ing Address:	□ PRIVY
1000			(specify)	OMINIER	the state of the s	임							erty)	ructure	N				ناز		und	2	ġ		Di.		in in	1	705 3310	Agent	Plumber	PAT TO	les R.	
Green house				CIP.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ cooking												None		ω		<u> </u>	# of bedrooms		Distance Structure	Distance Structure	reca	Lot(s) No. Block	1400 T	Mailing Add		242	City/state	CONDITIONAL USE
		E e e e e e e e e e e e e e e e e e e e		20	The state of the s	& food prep facilities)		- Contract							Width:	Width.	□ None	□ Com	□ Privy (Pit)		1	□ Muni			12.			Block(s) No	20000	Agent Mailing Address (include City/State/Zip):		908h	City/State/Zip:	
		a property of the control of the con		7	New York	facilities)									Z			Compost Toilet	(Pit) or	ary (Exists	(New) Sanitary	Municipal/City	Wh Sewer/ Is on		from Shoreline :	is from Shoreline :	Fot	-	Vol	e City/State,			200	SPECIAL USE
	7	-		J. 2								- -	-	Dim				VICE CONTra	Vaulte) Specify T	Specify Type:		What Type of Sewer/Sanitary System Is on the property?		<u> </u>	Ä	Lot Size	Subdivision:	Recorded Docu	-l I			54806	
×	×	×	×	× 36	×	×××	×	×	×	×	×	××	×	Dimensions	Height:	Height		(Ct)	Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type: Septe	уре:		d ystem rty?		X No	Is Property in Floodplain Zone?	A	<u> </u> -	Document: (i.e. Property Ownership) 105 7 Page(s) 222	Written A Attached	Plum			□ B.O.A. □
))))	. Š					gallon)	निर							Acreage	11:-4	Page(s) 22	Written Authorization Attached ☐ Yes ☐ No	Plumber Phone:		715. 7% Cell Phone:	□ OTHER
				8									Footage	Square							J× Well	□ City	Water		No ∠No	Are Wetlands Present?			wnership)	ization	• •		2%	

I on the Deed All Own

Owner(s): (If there are Multi FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[we] declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. | (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. | (we) further accept liability which may be a result of Bayfield County glying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described properly and the stime for the purpose of inspection. Owners listed is and states of authorization must accompany this application) Date 09 3gt 2013

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Date

Setback from the North Lot Line
Setback from the South Lot Line
Setback from the West Lot Line
Setback from the East Lot Line Setback to **Drain Field**Setback to **Drain Field**Setback to **Privy** (Portable, Composting)

The prior to the placement or construction of a structure within ten (10) feet of the minimum other previously surveyed corner or marked by a licensed surveyor at the owner's expense Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback to Septic Tank or Holding Tank the minimum require Measurement 150 100 2 Feet setback, the bo Feet Feet Feet Feet Feet Feet Setback from the Lake (ordinary high-water mark)
Setback from the River, Stream, Creek
Setback from the Bank or Bluff Setback to Well Elevation of Floodplain Setback from Wetland
Setback from 20% Slope Area 8 Measurement Feet Feet Feet Feet Feet Feet

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

or to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from e previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be arked by a licensed surveyor at the owner's expense.

previously surveyed corner to the

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Iocal Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: # of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:	
Permit# 13-0371	Permit Date: 10-25-13	
Is Parcel a Sub-Standard Lot	No Mitigation Required ☐ Yes XNo ous Lot(s)) XNo Mitigation Attached ☐ Yes XNo	Affidavit Required
Granted by Variance (B.O.A.) □ Yes XNo Case #: 거 수	Previously Granted by Variance (B.O.A.) □ Yes 🈘o Case #:	# ZB
Was Parcel Legally Greated XYes □ No Was Proposed Building Site Delineated □ Yes □ No	Were Property Lines Represented by Owner Was Property Surveyed	□YesX\no
Inspection Record: INSPECTION 10-7-13 - KAREAN ST. F. INSPECT ON 10-18-13 W/ DNR AD 455A CARE OF WATER AND DROUGH TO NAVINA ABUS	Inspection Record: 1 NSPETION 16-7-13 - KAREEN ST. FIERWAIN PIECSENT. Zonling District 1 NSPEETUN 10-18-13 W/ DNR ALYSSA CORE DETERMINED PARTION Lakes Classifica OF WATERWAN OF DROWING TO NAVILY ABUE.	Zoning District $(A-)$ Lakes Classification $(B-)$
Date of Inspection 18.7 4 16 18-13	Date of Inspection: 18.7 4 16-18-13 Inspected by CROWNESS WURPHE	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attact Any NECESSARRY OF WIT COMMERCE	र्गा र	them State
Signature of Inspector:		
Hold For Sanitary: [] Hold For TBA;	Hold For Affa	Date of Approval:
®®January 2012	Hold For Fees:	1 16.2.B

SUBMIT: COMPLETED APPLICATION, STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

(Fighted) Jug -[m

ENTERED Date: Refund: Amount Pa ermit #: 7 \$15C 188 P

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. SEP 19 2013

Partarial Chaff			Hec a lot panalida						Commercial Use				¥ Residential Use			Proposed Use	rioposed construction:	Existing Structure: (if perm	-	riopeity	- Runa	Reloc	2600, 85 ☐ Conversion	₩ Addi		Value at Time of Completion * include donated time & material	Non-Shoreland		Similaria Is Pro	 	Section 33, To	74, NE		PROJECT Legal D	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	4785 6:11es	CANCEL OF ONLY
□ Other:		□ Special	and the same of th	1	ļ	X Addition	□ Mobile	□ Bunkho							□ Princip			it being applied		эч	Run a Business on	Relocate (existing bldg)	ersion	Addition/Alteration	☐ New Construction	Project (What are you applying for)			operty/Land wit	operty/Land wit or Landward sid	, Township Eigen, Range	1/4		Legal Description: (Us	ng Application on be	The state of the s	8	OFFIRE
Other: (explain)	Conditional Use: (explain)	Special Use: (explain)		Accessory Building Addition/Alteration	Accessory Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters,	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	Principal Structure (first structure on property)			(if permit being applied for is relevant to it)		- Foundation	No Basement			n 🕒 1-Story + Loft	X	# of Stories and/or basement		w	Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes	Range O W	1	<u>\$</u>	(Use Tax Statement) PIN:		,	A	1, LOS
		AND		Alteration (specify)	om er mor erne intre intre entre ere ere ere ere ere ere ere ere ere	DEXK	ı	☐ sleeping quarters,	rage	pojesti V. elektriki jekte izmete i elektrik izmerenne verene en				Snack, etc.)	cture on property)	Proposed Structure	Lengui: 40							☐ Year Round	, T	Üse		s yes menual	ì	yescontinue	Elee.	1057	CSM Vol & Page	PIN: (23 digits)	Agent Phone:	one:	EUZ	1947)5 (5,1/es K
			de anno estado esta			A										ē					None		3	□ 2	1	# of bedrooms			Distance Str	Distance Structure	1		Eof(s)	•	Agent Mailing A	Plumber:	54806	Ku. M
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×	×	×	**************************************	×	×	40 × 45	×	×	×	×	×	×	×	×	< ×	Dimensions	Height:	Height:			ontract) X	aulted (min 20	Sanitary (Exists) Specify Type: ジェクナン	Specify Type:		What Type of Sewer/Sanitary System Is on the property?		>	□ Yes	Is Property in Floodplain Zone?			sion:	ed Document: (i	 		,	Q Q
)					() /800		_)				~ ~		Square Footage	TI.					Oo gallon)	<u> </u>	≸ Well	☐ City	Water		> 140		ty in Are Wetlands Zone? Present?	O Acreage		rage(s)	Recorded Document: (i.e. Property Ownership)	Written Authorization Attached Pes D No	Plumber Phone:		Cell Phone:

Date

Date 09

2013

Owner(s):

are Mu

ners listed on the Deed All Owr

sign or letter(s) of authorization must accompany this application)

Beeman

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Hold For Fees: [] []	Hold For Affidavit:	Hald-For TBA:	olgilatii e ol ilispectoli.
+(0.	十井	£ 3.	ARING TO SAR!
1372. M. Toky Date of Re-Inspection.	O. CROPNEST	18-13 Inspected by	Date of Inspection: $ b-7/3+ b-18/3 $ Inst
Stawa Proj	teenth bein	1STEN DERMIT	Inspection Record: NEW SAN TAWN SU TO BE ABANDONED PER
Were Property Lines Represented by Owner □ Yes 文No Was Property Surveyed □ Yes ズNo	1 1	Xyes ONO ATF	lly Created Delineated
Previously Granted by Variance (B.O.A.) 口 Yes 没 No Case #:		7R	ase#:
Mitigation Required 口Yes とNo Affidavit Required 口Yes X No Mitigation Attached 口Yes X No Affidavit Attached 口Yes X No	No Mitiga	(Deed of Record) (Fused/Contiguous Lot(s))	ot Yes
	10-25-13	Permit Date:	Permit#13-0378
Sanitary Date: 10-24-13	her: 3-12-4	Only) Sanitary Number: Reason for Denial:	Issuance Information (County Use Only) Permit Denied (Date):
Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	nstruction, Septic) Year from the Da slling: ALL Municip y, State or Federal	ed Location(s) of New Co nd Use Permits Expire One (1 New One & Two Family Dwo The local Town, Village, Cit	(9) Stake or Mark Propos NOTICE: All Lar For The Construction Of
other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	(30) feet from the minim artment by use of a corre	urveyor at the owner's expense. than ten (10) feet but less than thirty reyed corner, or verifiable by the Dep	er previously surveyed corner or marked by a licensed s r to the placement or construction of a structure more previously surveyed corner to the other previously sun- ked by a licensed surveyor at the owner's expense.
indary line from which the setback must be measured must be visible from one previously surveyed corner to the	et	ten (10) feet of the minimum require	Setback to Privy (Portable, Composting) Fee Prior to the placement or construction of a structure within ten (10) feet of the minimum required setba
Setback to Well Feet	4 4		Setback to Septic Tank or Holding Tank Setback to Drain Field
	Feet Elev	**	tback from the East Lot Line
Setback from Wetland Feet Setback from 20% Slope Area Feet		/80	Setback from the West Lot Line Setback from the West Lot Line
or Bluff		# 7B	thoughton the North Let line
Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Feet	Feet Set	oad /6/	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way
Description Measurement	ent	Measurement	Description
Changes in plans must be approved by the Planning & Zoning Dept.		o the closest point)	(8) Setbacks: (measured to the closest point)
		to continuing)	please complete (1) = (7) above (prior
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The second secon	the state of the s		- 1
(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Westlands: or (*) Stones over 70%	ntage Road (Nam nyour Property ank (ST); (*) Drain ream/Creek; or (*	(*) Driveway and (*) Fro All Existing Structures or (*) Well (W); (*) Septic T (*) Lake; (*) River; (*) Stones (*) Westender or (*) Stones (*)	(3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
		Proposed Construction North (N) on Plot Plan	(2) Show / Indicate:



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891 (715) 373-6138

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Stamp (Received) CATION FOR PERMIT TT

ENTENNIA #: Date: Refund: 25 ×2 = 250 #000 #000 9-19-13 3,0379

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Bayfield Co. Zonling Dept.

SEP

19 2013

Are Wetlands Present?	Is Property in Floodplain Zone?	#	Distance Structure is from Shoreline : しゃら fee	er, Stream (incl. Intermittent) If yescontinue	☐ is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶
U			Z	Cileen	Section 2 , IOWIISHIP 27 27 M, NailSe
)	Acreage	Lot Size		Town of:	
				1057	3E 1/4, ME 1/4
		Subdivision:	Lot(s) No. Block(s) No.	_	Gov't Lot Lot(s)
Page(5)	Page(Volume 10°	04-020-2-47-05-35-1-04 2000 Volume	04-020-2-4	LOCATION Legal Description: (Use Tax Statement)
erty Ownership)	Recorded Document: (i.e. Property Ownership	Recorded Docu	7000	PIN: (23 digits)	The state of the s
No.	Attached Yes No		,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Written Authorization	Written A	itate/Zip):	Agent Mailing Address (include City/State/Zip):	Agent Phone: Ag	Authorized Agent: (Person Signing Application on behalf of Owner(s))
hone:	Plumber Phone:		Plumber:	Contractor Phone: Plu	Contractor:
			5,800	ALMAND WIT. 5480G	64715 6-11es R.
• • • • • • • • • • • • • • • • • • • •	Cell Phone:			City/State/Zip:	
46.2345	36 75.7	. 5780	647156:110s RD. POLAND WIT. 54806 715.746-2345	647156:110sk	DAVED ST GERMADY
11	Telephone:		City/State/Zip:	Mailing Address:	ERMAJO
THER	☐ B.O.A. ☐ OTHER	133	□ SANITARY □ PRIVY □ CONDITIONAL USE □ SPECIAL USE	IITARY PRIVY C	TYPE OF PERMIT REQUESTED D LAND USE SAN
y.org/zoning/asp)	ww.bayfieldcount)	ift our website w	HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)	•	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT

				Conversion	· []	V	□ Non-Shoreland Value at Time of Completion * include donated time & material One-Shoreland
	Property	Run a Business on 🔝 🗆 No Basement	Relocate (existing bldg)	Conversion ,	☐ Addition/Alteration	New Construction	Project (What are you applying for)
	☐ Foundation	☐ No Basement	☐ Basement	□ 2-Story	1-Story + Loft	☐ 1-Story	# of Stories and/or basement
			Time of the second of the seco		☐ Year Round	✗ Seasonal	Use
		x None		□ 3	2	1	# of bedrooms
None	☐ Compost Toilet	Portable (w/service contract)	ō	Sanitary (Exists) Specify Type: 200712	(New) Sanitary Specify Type: HT	☐ Municipal/City	What Type of Sewer/Sanitary System is on the property?
	ı	ļ.	2 Sarata		Xwe e ■	□ City	Water

Shoreland

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue

☐ Is Property/Land within 300 feet of River, Stream (incl. Interm Creek or Landward side of Floodplain? If yes—continue

ttent)

Distance Structure is from Shoreline :

ls Property in Floodplain Zone? ☐ Yes

Are Wetlands Present? □ Yes ※ No

□ Yes ▼ No

Height:	Width:	Promosed Construction:
Height:	Width:	Existing Structure: (if permit being applied for is relevant to it) Length:

Proposed Use		Proposed Structure Principal Structure (first structure on property)
		with Loft
Residential Use		with a Porch
		with (2 nd) Porch
		with a Deck
		with (2 nd) Deck
Commercial Use		with Attached Garage
•		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)
		Wobile Home (manufactured date)
		Addition/Alteration (specify)
Municipal Use	RQ	Accessory Building (specify) Structure to Greater (2)
		Accessory Building Addition/Alteration (specify)
		Special Use: (explain)
		With the second
		Conditional Use: (explain)

I (we) declare that this application (including any accompanying am (are) responsible for the detail and accuracy of all information may be a result of Baytied County relying on this information before the county relying the second of the proposed above described property of the proposed above described property of the property of t FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) y of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the

(If there are Multiple Owners listed on t	Owner(s):
)ее	Xan I Nowoman

At 600ma

Date **09** Date Sept 2013

accompany this

Address to send permit

Authorized Agent:

(If you are signing on behalf of the

owner(s) a letter of authorization must

Hold For TRAD Hold For Affidavit:]
SHEET COMMERCIAL BULLDIA PERMIT HOR	TREATMENT Signature of Inspector:
uniota pressure of fumbling Allowen to SE	-
spected by: Cacobally and to be attached	STATE SANT
bandoned + new holding tank to be installed	Inspection Record: S
Case #:	Granted by Variance (b.C.A.) (1) Yes X No Was Parcel Legally Created
Lot □ Yes (Deed of Record) □ XNo Mittigation Required □ Yes SQNo Affidavit Attached hip □ Yes (Fused/Contiguous Lotts)) Description Required □ Yes Description Required	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming
Permit Date: 10 - 25 - 1	Permit #: 13-0379
Issuance Information (County Use Only) Sanitary Number: Scotic to be # of bedrooms: 1. 0 Sanitary Date: Abandoned. HT: 13-1245-residentia Use Bridge Sanitary Date: Abandoned. HT: 13-1245-residentia Use Bridge Bridge Control of the Control of	ssuance Informati
Stake or Mark Proposed Location(s) or New Construction, Septic, Fairs 1917, Stall Proposed Location(s) or New Construction, Septic, Fairs 1917, Stall Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	(9) Stak
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Feet Setback to Privy (Portable, Composting) Feet Setback to Privy (Portable, Co	etback to Privy (Porta ior to the placement or construer to the placement or construer to the placement of corne
Septic Tank or Holding Tank Feet Setback to Well Feet Drain Field Feet	Setback to Septic Tank Setback to Drain Field
Feet Elevation of Floodplain	Setback from the West Lot Line Setback from the East Lot Line
126 Feet 555 Feet	Setback from the North Lot Line
rline of Platted Road ZO Feet Setback from the Lake (ordinary high-water mark) Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff Feet	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way
surement Description Measurement	(8) Seuce
te (1) – (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept.	n
25" ** 1011/2	-
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G: Iles RD.	
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of: Proposed Construction e: North (N) on Plot Plan of (*): (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond	



SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STÄTEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

AP LICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

pilaecelved) S I B S

192013 Refund:

NAME: Permit #: Date: Amount Paid: 050 st 9-19-13 0-88-12 128-128 3,6380

250

SEP

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES							Municinal Use				V Commercial Use				Residential Use				Proposed use		Proposed Construction:	Existing Structure: (If permit being applied for is relevant to it)				Run		S 7 CM OF Conversion	☐ Addi		of Completion * include (what ar donated time & material	Value at Time	Non-Shoreland		★ Shoreland	□ Is Pro		رر در	SE 1/4, NE 1		PROJECT Legal De		Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	5011:8 5CM	• 😤	DAJOST GERM	Owner's Name: KAREN S	TYPE OF BERMIT RECIIESTED - I LAND USE SANITARY
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JT 3011 11 1	Other: (explain)	andition	pecial Us		ccessory	ccessory	(adition)	Adition /	Achilo Ho	unkhous						1	Residence	rincipal S				pplied for						-	š	ion >				Agreement	d within 1	d within 30	7 14, names	(CAL R		Gov't Lot	(Use Tax Statement)	*	on behalf of (GERMAIN	□ LAND USE
	plain)	Conditional Use: (explain)	Special Use: (explain)		Building	Accessory Building	Alteration	Altoration	me imani	e w/ (□ sa	with At	with (2"") Deck	with a Deck	with (2") Porch	with a Porch	with Loft	(i.e. cabin	ructure				s relevant			☐ Foundation	□ No Bas	Basement	☐ 2-Story	☐ 1-Story +	1-Story	# of Stories and/or basement				on feet of	00 feet of R	966	ر ک		Lot(s)	tatement))wner(s))						√S □ ∃
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NO CONTROL	cial				Accessory Building Addition/Alteration (specify)	43			ate	Bunkhouse w/ (\square sanitary, or \square sleeping quarters,	rage		***				(i.e. cabin, hunting snack, etc.)	Principal Structure (first structure on property)		Proposed Structure	Length:	Length:							□ Year	Seasonal	Use			If yescontinue	d or Flowas	ות (incl. Inter יזcontinu		Town of:	100	<u>√ol</u>	24705	digits)	hone:		Contractor Phone:	Tre/Aip:	115 61	Mailing Address:	□ PRIVY
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ESULT IN PE							7			ep facilities)												3		1	Compost Tollet	Portable (w/service	Privy (Pit) or	Sanitary (Exists) S	(New) Sanitary	Municipal/city	Sewer/San Is on the	V			om Shoreli	is from Shoreline :			<u> </u>		├—	-	le City/Stat				0 602	<u>}</u>	☐ SPECIAL USE
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						†	2,70													Square Footage								- ' ' [A WC	0 5	Water			X	□ Yes	Are Wetlands Present?		l			Car	y Ownershi	No	Written Authorization	yne:		j Š	7 224.	

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date

Owner(s):

Owners listed on the Deed All Owners must sign or letter(s) of authorization

must accompany this application)

Date

09 Sept

2013

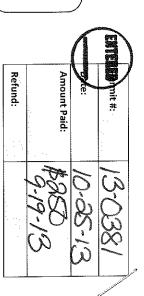
Address to send permit

Attach
Copy of Tax Statement
Fyou recently purchased the property send your Recorded Deed

SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

AVFIELD COUNTY, WISCONSIN



FAILURE TO ORTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES						☐ Municipal Use				Commercial Use				☐ Residential Use			and the state of t	Proposed Use	rioposea construction.	Existing Structure: (if permit being applied for is relevant to it)			Pro	20 20 20 20 20 20 20 20 20 20 20 20 20 2	3,200.00	T	X	material	Value at Time of Completion * include donated time & (what are	□ Non-Shoreland		XShoreland —▶ cre		Section 33,	1/4		PROJECT LEGA	Authorized Agent: (Person Signing Application on behalf of Owner(s))	actor:		ğ V	
FAILING	O+her		Specia			Acces			Bunkh							Reside	3	.		ermit being applie	der Britanis de de Geographica de la Contraction de	- Parent	Property		Conversion	Addition/Alteration	New Construction		Project t are you applying for)		a obcory rain w	ex or Landward Sic	Property/Land wi	Township 43	2 1/4		Legal Description: (Us	gning Application on be		SANS A	つの方が大い	4
TO OBTAIN A BEBART OF S	Other: (explain)	Conditional Use: (explain)	Special Use: (explain)		>	Accessory Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)			d for is relevant to it)			☐ Foundation	: 	2-Story	1	X 1-Story	360	# of Stories and/or basement			Creek or Langward side or ricouplain:	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Crock or Landward side of Floodylain? If vec—Confine — >	N, Range 05 W		Gov't Lot Lot(s)	(Use Tax Statement) PIN 04-	, , , , , , , , , , , , , , , , , , ,	<u> </u>	TO BOOK		NA PIN
TARTING CONSTRUCTION	1 to		Annual Address of the		/Alteration (specify)) (DMM Fec	V)	date)	r □ sleeping quarters,	arage				diversity desired		g shack, etc.)	ucture on property)	Proposed Structure	Ecol Britis					the state of the s	The section of the se	Year Round	1 ×		Use		If yescontinue -	Pond or Flowage	ream (incl. Intermittent)	Town of:		CSM Vol & Page	PIN: (23 digits)			2	City/State/Zip:	Address:
WITHOUT A PERV	- Annual Control				4	1.24.6		ľ										Ġ						None	u u	•		اد	# of bedrooms			Distance Stru	Distance Structure	ZAZ.		Lot(s) No.		gent Mailing Ad	idmber:	ā	かられている	City/State/
11T WILL BESULT IN PE	****		West of the second seco		(Light and	Evidence	- matrix		cooking & food prep facilities)											Width: 7	Midth.	□ None	☐ Compost Toilet		X Sanitary (Exists) Specify Type: \(\square\)	A line (wash)		55.00	Sew			Distance Structure is from Shoreline:	cture is from Shoreline :			Block(s) No.	3	Agent Mailing Address (include City/State/Zip):		200/2	TOTAL S	City/State/Zip:
NALTIES	 		_		. ((3		^	s) ()	_		_		_		(D					ilet	/service co	or Val	ar y speci		ř	What Type of Sewer/Sanitary System is on the property?		feet	eline:	eline :	Lot Size		5' 1	Recorded Volume	tate/Zip):			~	
and the state of the feetings	×	×	х)	,	x)	2 × 50)	x)	×	х)	x)	×	x)	×	x)	×)	×	×	Dimensions	0	Height:	Leicht.	***************************************		ontract) 🗶 🔼	Vaulted (min 200 gallon)	specify type:	fy Type:		ype of lary System property?		XNo	Floodplain Zone ☐ Yes	Is Property in	Acr.			Recorded Document: (i.e. Property Ownership) Volume 1057 Page(s) 222	Written A Attached	riumo	0	Cell Phone:	
						1600							hee annual production of the second					Square Footage		1600				wyod w	allon) & Li				Water		No	Present? ☐ Yes	≥	Acreage			Property Ownersh Page(s) 222	Written Authorization Attached	ridilipel rilone.	or Dhon	one:	Telephone: 75

Date	
	(If there ard Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Date	owner(s) La Q Stephine.

Attach
Copy of Tax Statement
to the property send your Recorded Deed

Address to send permit

Hold For Sanitary:

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

90

APPLICATION FOR PERMIT
BAYFIELD COUNTY, MISCONSIN

Date Stamp (Received) S.....

SEP 19 2013

ENTEREDArmit #: Date: 125 x Refund: Amount Paid: \$a50 13-0388 9-19-13

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Baylield Co. Zoning Dept.

### Application of behalf of Dower(s) Agent Phone: Property	Contractor Phone: Agent Phone: Agent Phone: Agent Phone: Agent Mailing Addre PIN: (23 digits) 04-610-2-47-05-33-1-040c I CSM Vol & Page Lot(s) No. 257 Vol & Page Lot(s) No. 257 Lotft Seasonal Lot(s) No. Froposed Structure Proposed Structure Prop	Agent Phone: Agent Mailing Address (include Contractor Phone: PIN: (23 digits) O4-820-2-47-05-33-1-04-00 zooo O4-820-2-47-05-33-1-04-00 zooo O4-820-2-47-05-33-1-04-00 zooo O4-820-2-47-05-33-1-04-00 zooo O4-820-2-47-05-33-1-04-00 zooo O5-84-00-10-10-10-10-10-10-10-10-10-10-10-10-	Contractor Phone: Agent Phone: Plumber:			-	week.		Municipal Osc				★ Commercial Use			Revidential Over				Proposed Use	Proposed Construction:	Existing Structure: (if pe	Pro	Rur	Rel		3200, G Ne	2000 C	Value at Time of Completion * include (what donated time &	□ Non-Shoreland		X Shoreland → ☐ Is F	Creel	Section 33,T	3C 1/4, 10E	ATION		Authorized Agent: (Person Sign	tractor:	64715 6:1105	3
OMAIN O	Contractor Phone: Agent Phone: Agent Phone: Agent Phone: Agent Mailing Addre PIN: (23 digits) 04-610-2-47-05-33-1-040c I CSM Vol & Page Lot(s) No. 257 Vol & Page Lot(s) No. 257 Lotft Seasonal Lot(s) No. Froposed Structure Proposed Structure Prop	Agent Phone: Agent Mailing Address (include Contractor Phone: PIN: (23 digits) O4-820-2-47-05-33-1-04-00 zooo O4-820-2-47-05-33-1-04-00 zooo O4-820-2-47-05-33-1-04-00 zooo O4-820-2-47-05-33-1-04-00 zooo O4-820-2-47-05-33-1-04-00 zooo O5-84-00-10-10-10-10-10-10-10-10-10-10-10-10-	Contractor Phone: Agent Phone: Plumber:	>	_	_	4-		+	-							mp-p-m		-	<u> </u>		ermit being a	 Property	n a Business	locate (existin	nversion	w Construct	}	Project are you applyli			Property/Lan	Property/Lan k or Landwar	Township	1/4	Description		ning Application	•	8	d'
City/State/Zip: City/State/Zip: City/State/Zip: City/State/Zip: City/State/Zip: City/State/Zip: Contractor Phone: Pilly: (23 digits) 04-84D-2-7-05-3; O4-84D-2-7-05-3; O4-84D-2-7-05-3; O4-84D-2-7-05-3; O4-84D-2-7-05-3; O4-84D-2-7-05-3; O4-84D-2-7-05-3; O5M Vol & Page Pilly: (23 digits) Town of: Town of: Pilly: (23 digits) Use Sement Town of: Proposed Structure Proposed Structure If yescontinue	Contractor Phone: Agent Phone: Agent Phone: PIN: (23 digits) 04-620-2-47-05-33-1-640c Contractor Phone: Agent Mailing Addre Plumber: Agent Mailing Addre Porth Agent Mailing Addre Lot(s) No. Distance Structure Proposed Structure Pro	Contractor Phone: Agent Phone: Agent Mailing Address (Include Contractor Phone: Plumber:	Contractor Phone: Agent Phone:	FAILURE TO OBTAIN A PE	onditional Use: (exp	pecial Use: (explain)		ccessory Building A	ccessory Building	ddition/Alteration	Nobile Home (manuf	unkhouse w/ (□ san	with Atta	with (2 nd	with a Do	with (2 nd	with Loft	esidence (i.e. cabin,	incipal Structure (1			pplied for is relevant t	1	··			5 -	1				d within 1000 feet of	d within 300 feet of R	LORAY, Range 5	EVA	Gov't Lot	•	on behalf of Owner(s))			PMAIR
Doubterly) Town of: Town of: Town of: E://ec. Agen Agen Agen Agen Th: Th: Th: Th: The condition of the condition	Town of: Agent Mailing Address Lot(s) No. Agent	Composition (specify) Composit Toil (spe		RMIT or STARTING C		25)		ddition/Aiterat	(specify) Дос	(specify)	actured date)		ched Garage) Deck	Ċ.	Porch	<u> </u>	hunting shack,	irst structure of	Propo		[5]	tion	ement	nt		_ \		ries ement		200	Lake, Pond or Flo	iver, Stream (incl.			CSM	52	Agent Phone:	Contractor Pho	720	647156
	ber: SYS2	SYBOL ber: Lot(s) No. Biock(s) No. Lot(s) No. Biock(s) No. Lot(s) No. Biock(s) No. Lot(s) No. Biock(s) No. Biock(s) No. Biock(s) No. Width: Sanitary (Exitation of the compost Toil None Width: Width: Sanitary (Exitation of the compost Toil None Width: Width: Sanitary (Exitation of the compost Toil None Rependit Will RESULT IN PERMIT WILL RESULT IN		ONSTRUCTION WI	10301	- Company of the Comp		don (specify)	The King			oing quarters, <u>or</u>					errend de la	etc.)	n property)	sed Structure							-					1		Eileen	1057	Vol & Page	7 63 .7 1.	Agen		2	://e
Cell Phone: Cell Phone:	Cell Phone: Cell Phone: Cell Phone: Written Aut Attached Attached Occument: (I.e. Proper) Atreage Is Property in Floodplain Zone? Yes Yes Yes Yes Yes Yes Yes Yes Arreage Arreage Arreage No Arreage Height: Height: Height: X X X X X X X X X X X X X X X X X X X	Cell Phone: Cell Phone: Written Aut Attached Attached Attached Plumber Ph Plumber Ph Written Aut Attached Pres Page(s) Page(s) Page(s) Height: Height:						***************************************	000	7										Square Footage			1			L_	₩ell	□ City	Water			⊒ Yes No	Are Wetlands Present?		, i	VII.00	y Ownership)	horization No	i .		2385

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Owner(s):

listed on the Deed All Ov

Comman

or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must

accompany this

application)

Date

Date

K.

2013

Attach
Copy of Tax Statement
Copy of Tax Statement
recently purchased the property send your Recorded Deed

Address to send permit

□ Hold For Affidavit: □ Hold For Fees: □ □ □ □	Signature of Inspector: Hold For Sanitary:
January on the No th	Condition(s):Town, Committee or Board Conditions Att Any REQUIRETYS STATE:
PARTICIONED IN THE Date of Re-Inspection:	Date of Inspection: Severate . LAST 105P Inspected by WDNIZ and 10-18-13.
POWITE TOR COMMENCE ACT ZONING District (A-1)	Inspection Record: INSPECTION WA.CORE
Owner	Was Parcel Legally Created XYes ed Building Site Delineated □ Yes
Previously Granted by Variance (B.O.A.) ☐ Yes A(No Case #:	2 0 ⊢
us Lot(s)) Xno Mitigation Ano Mitigation	□ Yes
Permit Date: 10.25.13	Permit #: /3-03%0
Sanitary Number: # of bedrooms: Sanitary Date:	Issuance Information (County Use Only) Permit Denied (Date):
Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	(9) Stake or Mark Proposed Location(s) of New Construction, NOTICE: All Land Use Permits Expire One (1) Year from For The Construction Of New One & Two Family Dwelling: ALL N The local Town, Village, City, State or F
r's expense. It less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be flable by the Department by use of a corrected compass from a known comer within 500 feet of the proposed site	other previously surveyed corner or marked by a licensed surveyor at the Prior to the placement or construction of a structure more than ten (10) f one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.
452	Setback to Privy (Portable, Composting) ×2— Prive to the placement or construction of a construction within ten (10) feet of the
Feet Setback to Well Feet	Setback to Septic Tank or Holding Tank Setback to Drain Field
Feet Elevation of Floodplain	Setback from the East Lot Line
	Setback from the South Lot Line Setback from the West Lot Line
Setback from the Bank or Bluff	Setback from the North Lot Line
vater mark)	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way
Measurement Description Measurement	Description
inuing) Changes in plans must be approved by the Planning & Zoning Dept. losest point)	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)
	Property Live
Ø₹30°6°	36-1-36-1-36-1-36-1-36-1-36-1-36-1-36-1
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Cumina) of Confession For	Suca any ().
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands: or (*) Slopes over 20%	Show: Show any (*): Show any (*):
North (N) on Plot Plan (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road)	/ Indicate: _ocation of (*):
הוסףספבע כסוומנו עכנוסוו	1.C: 1040:C: C:

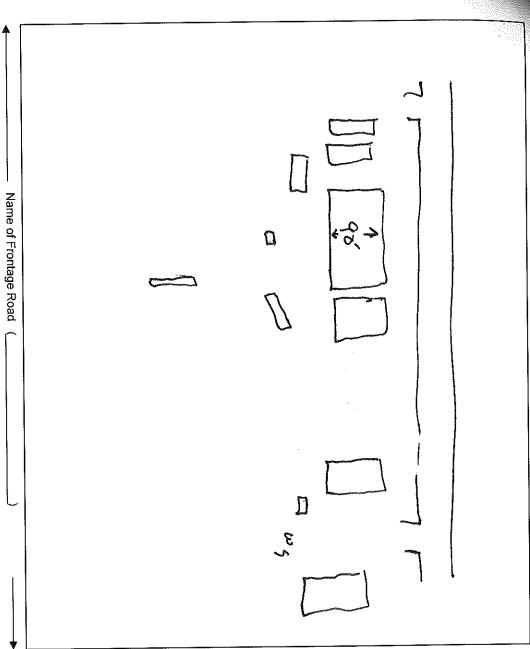
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BAYFIELD COUNTY XX
SANITARY PERMIT APPLICATION 50,00

3	·
Zoning Lakes	0
District Class	
WE	>
	ant*

Soil Test SEP 19 2013 Septimble: /3-038/3 No. SEP 19 2013 Bayfield	VIII. COUNTY / DEPARTMENT USE ONLY VIII. COUNTY / DEPARTMENT USE ONLY Approved Approved Approved Adverse Determination IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL FRETUCTIVE CONTINUES.	VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached Owner's Name(s): (Print) Owner's Name(s): (Print) Owner's Name(s): (Print) Plumber's Signature: (No Stamps) Plumber's Signature: (No Stamps) Plumber's Signature: (No Stamps)	Septic Tank or 50 50 100 2 17 Lift Pump Tank / Sinkon Chamber	Gallons Total # of Existing Gallons Tanks	2. Absorp. Area Required (Sq.Ft.) Required (Sq.Ft.) Required (Sq.Ft.)	C) Pit Privy Vault Privy (Vault size:	B) A Sanitary Permit was previously issued. <i>Previous</i> IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) *Replace		State Owned Public (Explain the use/purpose C1/255) 1 or 2 Family Dwelling - No. of Bedrooms Type of Permit (Check only one box on line A. Check box on the control of t	~ \ <u> </u>	roperty: -://e> && ner's Mailing Add	Property Owner's Name:) AUSD & KA REN 57. GERMA 37	TION
N, R 5 N, R 5 Ot #: division Name of the filled out a date fill	nsfer Fee: Date SATE 16 AINEM PEN	ite sewage system shown on the Owner's Signature(s): (No Stamps)	Wherethe	rer's Prefab. Concrete	iding Rate 5. Perc. / Day / Sq.Ft.) (Min.	gallons or	*Replacements need previous permit nu	County Private Interceptor Revision ** Transfer of Own	03	Lot #	roperty Location: E 1/4 / U E 1/4, S ownship:	III SEP 19	Test
	Business Pt Issuing Agent's	attached plans. Stamps) He common MP/MPRSW No:		Steel Glass	6. System 7. Elev.(Feet)		Date Issued:mber and date filled out above	er (List Previous Owner belo	000 401	Subdivision Name or CS	17 N, R 5	Bayfield	No. 13-0





Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

Ы Show the approximate location and size of the building

IMPORTANT

ငှာ Show the location of the well, septic tank and drain field

DETAILED PLOT PLAN IS NECESSARY, FOLLOW STEPS 1-7 (a-o) COMPLETELY

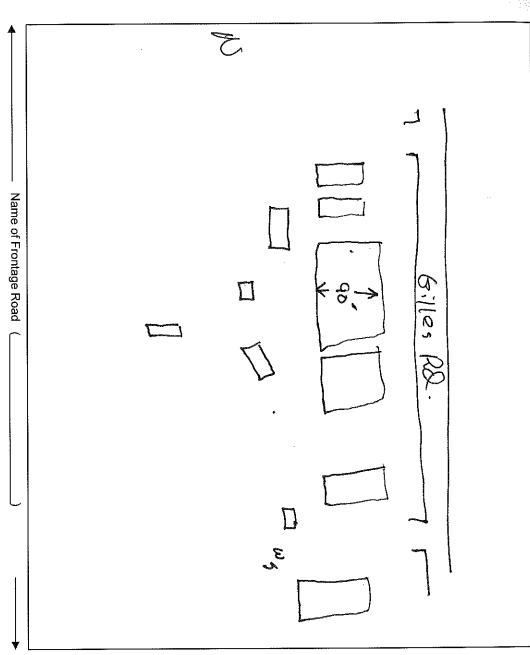
- 4. Show the location of any lake, river, stream or pond if applicable
- Ò Show the approximate location of other existing structures
- တ Show the approximate location of any wetlands or slopes over 20 percent.
- .7 Show dimensions in feet on the following:
- တပ္စည္ Building to all lot lines
 - Building to centerline of road
- Building to lake, river, stream or pond
- Septic / holding tank to closest lot line
- Septic/holding tank to building
- Septic / holding tank to well
- ည်ကာသောက်
- Septic / holding tank to lake, river, stream or pond Privy to closest lot line
- Privy to building
- Privy to lake, river, stream or pond
- Drain field to closest lot line
- Drain field to building
- ∄ Drain field to lake, river, stream or pond Drain field to well
- 9.5 Well to building

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

BAYFIELD COUNTY

SHALL BE MANNTHINED PER PORTABLE	COUNTY / DEPARTMENT USE ONLY Sanitary Permit/Transfer Fee: Date Issued: Issuing Agent's Signature Approved Owner Given Initial \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Plumber's Address: (Street, City State, Zip Code) Home Phone: Business Phone:	Owner's Name(s): (Print) Owner's Name(s): (No Stamps) Owner's Name(s): (No Stamps) Plumber's Name: (Print) Owner's Name(s): (No Stamps) Application of the Control of	BILITY STATEMENT: d, assume responsibility for installation of the onsite sewage system shown on the		VI. TANK Capacity In Gallons In Gallons New Existing Tanks	7. Absorp. Area Required (Sq.Ft.) Required (Sq.F	Privy Camping Transfer Unit Container Comp	IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above	B) A Sanitary Permit was previously issued. Previous Permit NumberDate Issued:	Reconnection Repair Revision ** Transfer of Owner (List Previous Owner below)	A) New Replacement County Private Interceptor	State Owned Public (Explain the use/purpose <u>Cルモトトリミ</u> 1 or 2 Family Dwelling - No. of Bedrooms	PE OF BUILDING (Check One)	ess: Township: Gov. Lc	Property Location: Property Location: Property Location:	St Kan was County field Co. Zoning Dep	1. APPLICATION INFORMATION Soil Test No. 13-0384	BAYFIELD COUNTY SO OF X Zoning District APPINICATION SANITARY PERMIT APPINICATION Lukes class
,	Signature / Date: 。・こら・いろ	one:	/No:		>		7. Final Grade Elev. (Feet)	ng Toilet	out above		/ner below)		000 D	me or CSM #:		5 X (or) W		384	District Hen I





Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

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Ņ Show the approximate location and size of the building

DETAILED PLOT PLAN IMPORTANT

ω Show the location of the well, septic tank and drain field.

IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY

- 4. Show the location of any lake, river, stream or pond if applicable
- Ò Show the approximate location of other existing structures
- တ Show the approximate location of any wetlands or slopes over 20 percent.
- Show dimensions in feet on the following:
- Building to all lot lines
- тф.тө со ба Building
 - Building to centerline of road

 Building to lake, river, stream or pond
- Septic / holding tank to closest lot line
- Septic/holding tank to building
 - Septic / holding tank to well
- Septic / holding tank to lake, river, stream or pond Privy to closest lot line
- Drain field to building
- $\times -$ Drain field to closest lot line

Privy to lake, river, stream or pond

Privy to building

- 3 Drain field to well
- ο ⊐ Drain field to lake, river, stream or pond
- Well to building

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